, Sue slip s	TAPLE AREA (for	additional cross re	eferences)
POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	/4/		1-17-01
FORMALITY REVIEW	11.5	866	0201.601
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

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= Allowed	- 1	Interference
— (Through numeral) Canceled	Α	Appeal
÷ Restricted	0	Objected

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If more than 150 claims or 10 actions staple additional sheet here